

1.) CORPORATION NAME:

**TRI-COUNTY COMMUNITY ACTION AGENCY, INC.**

DUE DATE: **10/20/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

**WILLIAM J COLEMAN**

**1176 HUELL MATTHEWS HWY**

**PO BOX 799**

SCC ID NO: **01061233**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

**SOUTH BOSTON, VA 24592**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HALIFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1176 HUELL MATTHEWS HWY

CITY/ST/ZIP: SOUTH BOSTON, VA 24592-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: DOUG BOWMAN  
TITLE: CHAIRMAN  
ADDRESS: 3200 GANN AVENUE  
CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592-

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OFFICER

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DIRECTOR

NAME: SHIRLEY CHANDLER  
TITLE: DIRECTOR  
ADDRESS: 3003 MOUNTAIN ROAD  
CITY/ST/ZIP/CO: HALIFAX, VA 24558-

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OFFICER

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DIRECTOR

NAME: OLIVIA O EPPS  
TITLE: DIRECTOR  
ADDRESS: 2204 WILBORN AVENUE  
CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592-

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OFFICER

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DIRECTOR

NAME: VIOLET FANE  
TITLE: DIRECTOR  
ADDRESS: PO BOX 76  
CITY/ST/ZIP/CO: DRAKES BRANCH, VA 23937-

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OFFICER

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DIRECTOR

NAME: SARI C GOFF  
TITLE: DIRECTOR  
ADDRESS: DRAWER 440  
CITY/ST/ZIP/CO: CHARLOTTE CH, VA 23923-

NAME:	GARLAND H HAMLETT JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 363		
CITY/ST/ZIP/CO:	DRAKES BRANCH, VA 23937-		
NAME:	TIFFANY HANKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2150 SINAI RD APT 10B		
CITY/ST/ZIP/CO:	SOUTH BOSTON, VA 24592-		
NAME:	MARVIN HATCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 122		
CITY/ST/ZIP/CO:	CHASE CITY, VA 23968-		
NAME:	HELEN B HILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 190		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917-		
NAME:	W P HUDGINS SR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11372 HIGHWAY FIFTEEN		
CITY/ST/ZIP/CO:	CLARKSVILLE, VA 23927-		
NAME:	LINDA LEAK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 473		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917-		
NAME:	LOTTIE NUNN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 178		
CITY/ST/ZIP/CO:	VIRGILINA, VA 24598-		
NAME:	GLANZY M SPAIN JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	863 ESNON RD		
CITY/ST/ZIP/CO:	CHASE CITY, VA 23924-		
NAME:	TOM WEST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3035 ARMISTEAD ROAD		
CITY/ST/ZIP/CO:	NATHALIE, VA 24577-		
NAME:	CHARLA CREWS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8001 CHATHAM ROAD		
CITY/ST/ZIP/CO:	NATHALIE, VA 24577-		

NAME: JANNIE LUCK TITLE: TREASURER ADDRESS: 2244 LEDA ROAD CITY/ST/ZIP/CO: NATHALIE, VA 24577-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ DOUG BOWMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOUG BOWMAN, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	10/20/2011 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		